



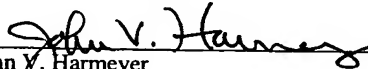
IFW

US Ref. No.: 3356-155

**PATENT**

**CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment; Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450 on June 7, 2005.

  
John V. Harmeyer

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant: James Kesterman et al. Paper No.:  
Serial No.: 10/757,812 Group Art Unit: 2856  
Filed: January 15, 2004 Examiner: Katina M. Wilson  
For: APPARATUS FOR MEASURING A FLUID LEVEL AND METHODS

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Request for Reconsideration in the above-identified application.

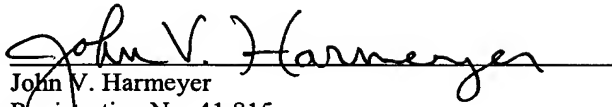
- ☒ additional fee is required.  
☒ also attached: Request for One Month Extension of Time and Return Receipt Postcard

The fee has been calculated as shown below:

|  | NO. OF CLAIMS | HIGHEST PREVIOUS PAID FOR | EXTRA CLAIMS | RATE      | FEE             |
|--|---------------|---------------------------|--------------|-----------|-----------------|
| Total Claims                                     | 37            | 37                        | 0            | x \$50 =  | \$              |
| Independent Claims                               | 4             | 4                         | 0            | x \$200 = | \$              |
| If multiple claims newly presented, add \$290.00 |               |                           |              |           | -----           |
| One Month Extension Fee                          |               |                           |              |           | \$120.00        |
| Information Disclosure Statement                 |               |                           |              |           | \$00            |
| <b>TOTAL FEE DUE</b>                             |               |                           |              |           | <b>\$120.00</b> |

- ☐ Please charge my Deposit Account No. 04-1133 in the amount of \$.
- ☒ Please charge the amount of \$120.00 to our Visa credit card. Form PTO-2038 is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

By:   
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